STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	443217	A. BUILDING _____ B. WING _____	08/14/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE RIDGE CARE & REHABILITATION CENTER	1200 SPRUCE LANE ELIZABETHTON, TN 37643

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An annual recertification survey and complaint investigation #31750 and #31821, were completed on August 12, 2013, through August 14, 2013, at Pine Ridge Care and Rehabilitation Center. No deficiencies were cited related to complaint investigation #31750 and #31821, under 42 CFR Part 483, Requirements for Long Term Care Facilities.	F 000	Pine Ridge Care and Rehab The statements made on this Plan of correction are not an admission to and do not constitute an agreement with the alleged deficiency herein. The following plan constitutes the center's allegation of substantial compliance such that the alleged deficiencies cited have been corrected by the date(s) indicated.	
F 502 SS=D	483.75(j)(1) ADMINISTRATION The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to obtain a laboratory test as ordered by the physician for one resident (#52) of thirty-two residents reviewed. The findings included: Resident #52 was admitted to the facility on December 23, 2008, with diagnoses including Muscle Atrophy, Aphasis, Dementia with Behaviors, Chronic Obstructive Pulmonary Disease, and Hypertension. Medical record review of the Physician's Recapitulation Orders dated August 1-31, 2013, revealed an order for a Depakote level (a medication used to treat seizures and manic disorders associated with bipolar disorder) to be completed every 4 months.	F 502	**What corrective action will be accomplished for those residents found to have been affected by the deficient practice:** Resident #52 had Depakote level drawn 8/13/13per physician orders and medication was continued for mood disorder after results obtained. New orders were also obtained to redraw at next lab schedule. **How you will identify other Residents having the potential to be affected by the same deficient practice and what corrective action will be taken:** All residents with scheduled labs have the potential to be	08/13/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Debbie Street — TITLE: Administrator — (X6) DATE: 08-27-13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

AUG 29 2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445217	A. BUILDING _____ B. WING _____	08/14/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE RIDGE CARE & REHABILITATION CENTER	1200 SPRUCE LANE ELIZABETHTON, TN 37643

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 502	Continued From page 1 Review of the laboratory reports revealed the last Depakote level was completed on January 10, 2013. Interview with the Director of Nursing on August 14, 2013, at 8:30 a.m., at the nurses' station, confirmed the facility had failed to obtain the Depakote level for May as ordered and confirmed the last Depakote level obtained was on January 10, 2013.	F 502	MARS were audited on 8/14/13 by (2) RN Unit Mgrs. for accuracy. **What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur:** Labs will be placed on calendar and in lab tracking log with accuracy verified by 2 nurses. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e. what quality assurance program will be put into place:** All labs will be audited daily by the DON, ADON or RN Unit Managers. Findings will be Reported to the Performance Improvement committee monthly. Any areas of concern will be addressed during the Performance Improvement committee Meeting.	Ongoing ongoing

AUG 29 2013